

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

HAZARDOUS WASTE SCREENING FOR A LOCAL BUSINESS TAX RECEIPT

Location: 3855 S US 1 Hwy, Ste. A, Fort Pierce, FL 34982

Fee \$10.00 (03/2018)

DATE _____

PLEASE PRINT

1. BUSINESS NAME: _____
2. BUSINESS OWNER(S): _____
3. BUSINESS PHONE: _____
4. BUSINESS ADDRESS: _____
(CITY) (STATE) (ZIP)
5. MAILING ADDRESS: _____
(CITY) (STATE) (ZIP)
6. NAME OF COMMERCIAL/SHOPPING CENTER: _____
7. PROPERTY/PARCEL ID #: _____ ZONING: _____
8. BRIEF DESCRIPTION OF ACTIVITIES: _____
9. DOES THIS BUSINESS OPERATE AT ANY OTHER LOCATIONS OR BUILDINGS **IN THIS COUNTY**
OTHER THAN AT THE BUSINESS ADDRESS LISTED ABOVE? ☐ YES ☐ NO IF SO, WHAT LOCATION: _____

PLEASE CHECK THE FOLLOWING THAT APPLY TO THIS BUSINESS: **(MUST BE COMPLETED FOR APPROVAL)**

SEWAGE: ☐ PUBLIC SEWER **OR** ☐ SEPTIC TANK WATER SYSTEM: ☐ PUBLIC WATER **OR** ☐ WELL

DOES THIS BUSINESS GENERATE OR DISPOSE OF ANY OF THE FOLLOWING: PAINT PRODUCTS, SOLVENTS, BATTERIES, CLEANING SOLVENTS, PESTICIDES, USED OILS, PETROLEUMS, OR OTHER HAZARDOUS WASTE? ☐ YES ☐ NO

DOES THE BUSINESS GENERATE AND / OR DISPOSE OF MEDICAL WASTE? ☐ YES ☐ NO

DOES BUSINESS CURRENTLY HAVE A LICENSED HAULER: ☐ YES ☐ NO ☐ N/A _____

I HEREBY AGREE THAT THE BUSINESS ABOVE WILL COMPLY WITH ALL FEDERAL, STATE AND LOCAL HAZARDOUS WASTE LAWS.

PRINT NAME (AGENT FOR THE ABOVE BUSINESS) _____

SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

HEALTH DEPARTMENT PERMIT REQUIRED? ☐ Y ☐ N

PERMIT NUMBER: _____

FDOH STAMP

Florida Department of Health-St. Lucie County
Division of Disease Control and Health Protection
Bureau of Environmental Health
Location 3855 S US Highway1 Ste. A , Fort Pierce, FL 34982
Mailing 5150 NW Milner Drive, Port St. Lucie, FL 34983
Phone 772-873-4931
Fax 772-595-1306
FloridaHealth.gov

